



simply music piano

evaluation



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This form is to be used as part of an evaluation, and the information below will help to assist with the accreditation of your teacher. Please answer all questions clearly and accurately.

Teacher's Name: ID:

Student's Name: Age:

Email address:

Date Started: No. of Lessons: Level:

Please individually list the title of each piece learned as a part of this level

Multiple horizontal dotted lines for listing titles.

How many songs, including Arrangements, Compositions and Accompaniments, are in your Playlist?

Horizontal dotted line for playlist count.

Please rate the following from 1 to 10, with 1 being an unsatisfactory result, and 10 an excellent result. Add any comment of your choice.

Is your teacher always

Punctual: [] comments:

Prepared: [] comments:

Knowledgeable: [] comments:

Responsive to questions: [] comments:

Clear and concise: [] comments:

What challenges you most in your lessons?

Please complete the following sentence. What I most like about Simply Music is:

How much time do you spend practicing, and do you practice at the same time each day?

How often does your teacher talk about long-term relationships and how to manage them?

Please circle the appropriate response:

Do lessons still precisely match the Student Home Materials provided to you? **Yes No**

Do you continue to focus on your ability to play music, without the need to read music? **Yes No**

Do you create opportunities to accompany others as they sing or play along with you? **Yes No**

Are you doing lots of Arrangements, and Composition and Improvisation projects? **Yes No**

Have you referred others to your teacher? **Yes No**

Have you subscribed to the simplymusic.com Mailing List? **Yes No**

May we freely use your comments in our training and/or marketing materials? **Yes No**

The above answers are my own, and represent my genuine responses to each of the questions. I promise that the audio recording provided is of my own playing, and that I can play each of the pieces without the need to read the sheet music.

Signed:

Date:

Parent to sign on student's behalf if student is a child.

